



# City of Belmont

## Homebuyer Assistance Program

Administered By:  
San Mateo County Office of Housing  
262 Harbor Blvd., Bldg A., Belmont, CA 94002



### Eligibility and Loan Application

Borrower				Co-Borrower			
Name		Age		Name		Age	
Present Address: _____ No. Years _____ Own _____ Rent _____ Street _____ City/State/Zip _____				Present Address: _____ No. Years _____ Own _____ Rent _____ Street _____ City/State/Zip _____			
Previous Address (if less than 2 years at present address) Street _____ City/State/Zip _____ Years at Previous Address _____ Own _____ Rent _____				Previous Address (if less than 2 years at present address) Street _____ City/State/Zip _____ Years at Previous Address _____ Own _____ Rent _____			
Marital Status	Married Unmarried	Separated (includes, single, divorced, widowed)	Dependents other than listed by co-borrower Number _____ Age(s) _____	Marital Status	Married Unmarried	Separated (includes, single, divorced, widowed)	Dependents other than listed by borrower Number _____ Age(s) _____
Name and Address of Employer		Number of Years with this Employer _____  Self Employed		Name and Address of Employer		Number of Years with this Employer _____  Self Employed	
Position/Title		Type of Business		Position/Title		Type of Business	
Social Security Number	Home Phone	Business Phone		Social Security Number	Home Phone	Business Phone	
Name, Address and Telephone Number of Previous Employer: (If employed by current employer less than 2 years)		Number of Years with this Employer _____		Name, Address and Telephone Number of Previous Employer: (If employed by current employer less than 2 years)		Number of Years with this Employer _____	
<b>Gross Monthly Income</b>				<b>Monthly Housing Expense</b>			
Item	Borrower	Co-Borrower	Total	Rent	\$		
Base Employment Income	\$	\$	\$	Mortgage	\$		
Overtime							
Bonuses							
Commissions							
Dividends/Interest							
Net Rental Income							
Other ( from following section)							
Total	\$	\$	\$				

**December Other Income**  
(Include income from other members of the household who are over 18 year old that are not full time student)

**Notice:** All sources of income must be disclosed in order to establish your eligibility for this program regardless of the source.

\$

### Description

Balance or Market Value

(Show Names of Institutions, Account Numbers and attach most recent monthly statement for each)

\$

(List Security, Number of Shares, Market Value and Include most recent brokerage statement)

\$

(Attach Current Financial Statement)

\$

(Enter Market Value from Schedule of Real Estate Owned)

\$

### Total Assets

\$

Address of Property  
(Indicate S if Sold, P if Pending Sale or R if Rental  
held for income)

Present  
Market Value

Amount of  
Mortgagee  
s Liens

Gross  
Rental  
Income

## Mortgage Payments

Taxes, Ins.  
Maintenance  
and Misc.

Net  
Rental  
Income

\$

\$

\$

\$

\$

\$

HOUSEHOLD COMPOSITION			
LIST BELOW <u>ALL</u> OF THE INDIVIDUALS WHO WILL BE LIVING IN THE HOME YOU ARE BUYING			
#	Name	Age	Relationship to Applicant(s)
1			
2			
3			
4			
5			
6			
7			
8			

Please Complete the Following Survey: Your response is voluntary and it will not be used in determining eligibility for this program. The information will be used **ONLY** by the City and County staff to compile statistical data for monitoring and testing program effectiveness. Individual respondents will not be identified in any reports issued.

BORROWER:			CO-BORROWER:		
Race/National Origin	American Indian or Alaskan Native White not of Hispanic Origin Hispanic Other (specify: _____)	Asian or Pacific Islander Black not of Hispanic Origin	Race/National Origin	American Indian or Alaskan Native White not of Hispanic Origin Hispanic Other (specify: _____)	Asian or Pacific Islander Black not of Hispanic Origin
Sex	Female                      Male		Sex	Female                      Male	

Any and all information (I/we) provide to the San Mateo County Office of Housing to establish (my/our) eligibility for participation in the City of Belmont's Homebuyer Assistance Program will be held in strict confidence but will be shared between the County and the City for monitoring, auditing and establishing (my/our) eligibility for and compliance with the Program requirements. (I/we) therefore certify that all the information provided herein is true and correct to the best of (my/our) knowledge, and that if such information is later found to be to the contrary or otherwise misrepresented, (I/we) will suffer the loss of benefits obtained under this program and will be subject to any civil and criminal liability. (I/we) further certify that (I/we) have read and understand the qualifications, priority, method of selection and conditions described on the preceding pages.

Signature _____	Date _____	Signature _____	Date _____
Signature _____	Date _____	Signature _____	Date _____

**Please submit copies for the last three years of each individuals tax returns, W2, and two recent pay stubs.**

Return your completed application and ALL supporting documentation to:

City of Belmont  
 Permit Center  
 Attn: Homebuyer Assistance Program  
 1070 Sixth Avenue, Suite 200  
 Belmont, CA 94002-3893

**If you have any questions about the program, the completion of your application, or the documents you are required to provide, please call the San Mateo County Home Buyer Information Line at 650-802-5035.**